

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	N/A	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 1-5 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

☒ Hold in the current files area _____ month(s) 5 year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☐ Transfer to State Records Center; hold _____ year(s); then

☒ Destroy.

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

NOTE: Files may be destroyed earlier than 5 years if obsolete or superseded.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>A. Weyman Culp</i>	5/4/82	<i>Walker L. Baumgardner</i>	5/4/82
State Records Committee (Signature) _____ Date _____			
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee <i>[Signature]</i>	5-18-82
		Secretary of State/Designee <i>Carroll Hart</i>	5-17-82
		Attorney General/Designee <i>[Signature]</i>	5-14-82